FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information	3														-
1. Name and Mailing Address of Respondent	Respondent														
Paging Systems, Inc. P.O. Box 4249													Che is a	Check here if this is a change of	
Burlingame, CA 94011-4249	11-4249								111				add	address.	
2. Year Report Filed		3. Reporting	Period (End	3. Reporting Period (Ending Date of Pay	ıy		4. Number of	4. Number of Full-Time Employees during Selected	nployees dur	ing Selected					
2018		01/31/18	/18	oort)			Reporting a. V Fe	Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) h 16 or more (complete all sections)	k one): complete Sec	tions I, IV, and	d ∨ only)				
SECTION II - Full-Time Employees.	98.							To of filole (complete all sections)	bigging all specific	ons)					
5							Num (Report empl	Number of Employees	yees						
Job								Race/Ethnicity	,						
Categories	Hisp	Hispanic or						Not-Hispanic or Latino	ic or Latino						Total
					Male	le					Female	nale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	
	Þ	В	C	0	Е	п	G	Ι	-	د	~	٦	3	z	0
Officials and Managers 1.1															0
First/Mid-Level Officials and 1.2															0
Professionals 2															0
Technicians 3															0
Sales Workers 4															0
Administrative Support 5 Workers															0
Craft Workers 6															0
Operatives 7															0
Laborers and Helpers 8															0
Service Workers 9															0
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11															0

	_							(Report employees in only one category)	employees in only one c	one category					
Job	_								Race/Ethnicity	`					
Categories		Hispanic or	inic or						Not-Hispanic or Latino	ic or Latino					
		<u></u>	Latino			<u>s</u>	Male					Fen	Female		
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races
		A	В	0	0	Е	F	G	I	-	ر	7	٢	≤	z
Executive/Senior Level Officials and Managers	-:														
First/Mid-Level Officials and Managers	1.2														
Professionals	2														
Technicians	ω					-4.									
Sales Workers	4														
Administrative Support Workers	5s														
Craft Workers	6														
Operatives	7														
Laborers and Helpers	œ														
Service Workers	9														
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	3														
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311. This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	riminati he Com any body he Com he Com ating pa	on Compla mission that having con mission that rties involve	ints Pursuar t no complain npetent jurisd t the following	t to 47 CFR is regarding viction in such complaints a courts or age	22.321, 23.55 riolations of th matters durin matters violati illeging violati	i, 90.168, 101 ie equal emplo ie equal emplo ig the calenda ons of the pro which the mat	4, and 101.3 yment provis r year covere r year so f any visions of any ter has been	11. ions of Feder d by this repo equal employ	al, state, territ rt. /ment opportu	orial, or local	statutes have ave been filed	al statutes have been filed against this have been filed against this company, and current status or disposition.	painst this company.		
TION V - Certification ify that to the best of my k	nowledg	je, informati	on, and belief	, all statemer	nts in this repo	ort are true an	d correct.								
Date 05/23/2018	Typed o S. C	yped or Printed Na S. Cooper	Typed or Printed Name of Person Signing S. Cooper	1 Signing			Signature		21				Telephone No. (650) 69	elephone No. (650) 697-1000	